

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LV.

THURSDAY, DECEMBER 18, 1856.

No. 20.

CASE OF EXCESSIVE SALIVATION DURING PREGNANCY.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

MRS. J. F. N., aged about 25, born in Nova Scotia of Scottish parentage. Light hair, blue eyes, slight form, sallow skin. In comfortable circumstances, and living in a comfortable house. Habits good. Pregnancies frequent, having already had four children in about as many years, whom she nursed. Accustomed to much indoor and out-of-door exercise. Previous health good. Pregnant for the fifth time. In November, 1855, had sore mouth, which continued up to February 24th, 1856, at which time I first saw her. She had been under the care of another physician up to that time, who had been treating her with astringent washes. The mouth and throat were filled with aphthæ, and for the preceding twenty-four hours the saliva "had been running from her constantly." She had menstruated for the last time, commencing on the 17th of July, 1855. Forty weeks from that date would terminate on the 22d of April, 1856. There was entire loss of appetite. I gave her a mixture of extract of conium and chlorate of potassa, from which she received no relief. Up to March 1st, quinia, morphia, conium, hyoscyamus and Tarragona wine. While taking morphia and quinia in combination, she got sleep, which was before much disturbed, the salivation diminished and the aphthæ disappeared. Once or twice daily, however, the cheeks, over Steno's ducts, became swollen, and there was a discharge of saliva to the amount of several pints a day.

March 3d.—After a restless night, labor began with rupture of the membranes, at 9, A. M. The pain was in front of the abdomen only. The rupture took place immediately on rising from bed, and occurred during a cough, which was preceded by a chill. Saw her at 11, A. M. The os uteri was one half dilated. The head of the child was in the left occipito-cotyloid position of the vertex. At 11.40, A.M., the first and second stages were complete. Child

male. At 11.50, A. M., a second child, also a male, was born, the presentation and position being the same as of the first. The second child came away, with the placenta, in the unruptured membranes. Five minutes after, the placenta of the first child came away. There was no sign of blood during the labor, nor was the amount of liquor amnii large. The first child, dressed, weighed $3\frac{1}{2}$ lbs. It was not weighed till after the death of the second, which was not weighed, but was about the same size. The second child died at 11, P. M., respiration never being fully established.

4th, 9, A. M.—Has had no flowing. Mouth seems better. For four days has had no dejection.

5th.—Mouth worse again. To take morphia in doses of one sixth of a grain, every two hours. Was kept awake by the salivation, through the night. Had a passage from the bowels, without medicine. No signs of milk. Pulse 120.

6th.—Mouth very sore, but no aphæ. It should have been before mentioned, that she has no signs about her teeth and gums to indicate the cause of the affection, nor, so far as could be discovered, had she been using mercurials at any time. R. Tineturri muriatis, gtt. v., once in six hours.

7th.—Mouth not at all sore, nor is the throat. Took yesterday two bowls of broth. Slept well last night.

8th.—Reports that she did not sleep well last night, on account of headache, which has now disappeared. The salivation has begun again, and was profuse till 10, A. M. Continue iron and morphia.

8, P. M.—Has spit twelve pints of albuminous-looking, frothy fluid (which, she says, comes in part from the mouth and in part from the throat), thick and ropy. Has taken the iron regularly. No secretion of milk. Appetite gone. No thirst. The thirst is never urgent, and during the ptyalism it is impossible to drink. No passage from the bowels. Has great faintness. To take one third of a grain of nitrate of silver once in an hour, and one sixth grain of sulphate of morphia every two hours, while awake. I brought away about six ounces of the saliva, which was so tenacious that it was with difficulty made to run into a vial; and after the vial was filled, it was not easy to separate the vial and the vessel from which it was poured, without dragging over the contents of the vial. Dr. Ellis found nothing in the secretion but abundant epithelial scales. The remainder decomposed so rapidly, that Dr. Bacon was not able to determine its composition.

9th, 11, A. M.—Took five doses of the silver and two of the morphia. The discharge began to decrease immediately after the second pill of silver. At 11.30, P. M., she fell asleep and slept till 2.50, A. M., to-day, without awaking. Since daylight has not spit. Mouth is naturally moist, but very clean. There is much faintness, as if from want of food. Pulse now about 80, and of good fulness and strength. Urged her to take wine and animal food. For several days has had no movement of the bowels, and is to take, to-

night, a draught of senna, manna, jalap and conium. The medicine of last night to be resumed on the accession of salivation.

10th, 10, A. M.—Reports that the salivation occurred yesterday P. M., from 5.15 to 8 o'clock. Has continued the iron, &c. Took a bowl of broth, and a piece of beefsteak three inches square, thickness unknown. This morning has had beefsteak and wine. The saliva last night was sweet and disgusting. Did not take her black draught.

11th.—Says she took the cathartic immediately after my last visit, and it operated at night. Afterwards had severe paroxysms of pain (in the bowels), which continued till this morning. Being engaged with another case, she was seen by my friend, Dr. Phipps, who prescribed a chloroform mixture. This was not taken, however, as the pain ceased before it was obtained.

12th. No pain. Pulse 100. No salivation. To have boiled chicken.

13th.—Reports a good night. Had, twice, a return of the abdominal pain, for about thirty minutes. Took the chloroform mixture and was relieved. Has eaten the leg and part of the breast of a boiled chicken.

14th.—The salivation began again at about 9, P. M., yesterday, and continued, at intervals, all night. The secretion seems to be "all water" (her own expression). Has not resumed the silver, but is to do so during salivation. The morphia is continued.

16th, two days later, the salivation continued, at intervals, but less profusely.

The same treatment was followed, and the difficulty continued, but with less severity, making it unnecessary to see her daily, till the 31st of March, when, I believe, it finally ceased. There was never any secretion of milk.

The child was fed by the bottle, till Sept. 3d, when it died of cholera infantum.

Salivation during pregnancy, and as an effect of it, is, though not a frequent occurrence, by no means unknown to any practitioner of many years standing. The persistence of the disease after termination of the pregnancy must be exceedingly rare. Churchill, whose references are so numerous as to make his treatise a common-place book of female diseases, says there are cases on record, though he only alludes to one.

The discharge usually begins early in pregnancy, and terminates by the end of the fourth month, though this is by no means sufficiently frequent to make it the rule.

The diagnosis between this and mercurial salivation may be easily made out, the foetor of the latter being wanting in the former. The absence of the spongy and ulcerated condition of the gums, in addition to the above, renders any error impossible.

The treatment of the salivation of pregnancy has been as various as writers have been numerous. We are warned against re-

straining the discharge, for no valid reason, that I am aware of. The difficulty of doing so will probably be a sufficient protection against any ill result that has been dreamed of. The evil to be dreaded from suddenly suppressing the excessive discharge of saliva, is probably to be classed with the dangers which attend the suppression of diarrhœa, gonorrhœa, &c., of which most men have heard and few seen.

In the case reported, I feel confident that the morphia was the only medicine which had much effect upon the discharge immediately. The iron and meat served to restore the system to its proper condition, and thus mediately aided in the cure; but to the morphia the credit is probably due of holding the discharge in check.

The list of remedies recommended is as follows:—Leeches behind the ears; powdered rhubarb every second day; nitrate of potassa; blisters to back of neck; gargles of chamomile, &c.; spearmint infusion; *rhus glabrum*; turpentine; low diet; good diet; magnesia and other antacids; ice; acetate of lead.

To these may be added opiates as a means of procuring sleep, during which there is seldom much discharge; and wine, iron and animal diet, to support a system which must of necessity be reduced by an excessive discharge.

CASE OF SUICIDE BY ANTIMONY.

BY CALVIN ELLIS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

Miss ——, 21 years of age, of a very nervous temperament, was a believer in spiritualism, and a trance-speaker. While in one of these trances, some time since, she predicted that she should die during the month of October, and was, in that month, during several days, very ill. She, however, recovered, but again predicted her death at a certain time. Late in the specified day, Nov. 25th, she said, while in a trance, "soon all will be over," and then drew upon paper a "casket," which her believing friends supposed was intended to represent her coffin.

At 6 o'clock in the evening, while at the tea-table, she complained of pain in the lower part of the left side, and soon retired to her room, where she was immediately attacked with vomiting, followed after several hours by purging, both of which continued, accompanied by burning in the mouth, dryness of the throat, and great thirst. At one o'clock that night, she died, apparently of exhaustion, without convulsions or any cerebral symptoms.

The autopsy was made thirty-nine hours after death, with the assistance of Dr. Z. B. Adams.

There was no decomposition of the body, which was quite rigid. Considerable bluish discoloration about the back of the neck and the hands. The brain was not examined.

The other organs were normal, with the exception of the lower part of the small intestine, where the solitary follicles and Peyer's patches were considerably elevated, and of a pale yellowish color.

The stomach contained 3 $\frac{1}{2}$ of a gruel-like, acid fluid, the reddish color of which was possibly owing to the intermixture of blood during its removal. This fluid was examined by Dr. J. Bacon, who reported that "the stomach contained a considerable quantity of antimony. The chemical reactions indicated that tartar emetic was the preparation of antimony taken. No other poison was detected."

The account of the symptoms, being obtained from the friends of the deceased, is necessarily defective; still it agrees very well with that given of similar cases by good authorities. None of the marked appearances of inflammation described by various authors were noticed. The development of the glands of the small intestine was similar to that seen in various affections attended by active catharsis. Dr. Cabot, at the meeting of the Society for Medical Observation, before which the case was read, spoke of having seen similar appearances, in Paris, in children who had died while under the influence of antimony.

With regard to the spiritual condition of the patient, when she predicted her own death, and at the time of taking the poison, comment is unnecessary.

POST-MORTEM EXAMINATION OF AN EPILEPTIC PATIENT.

BY F. BONNEY, M.D., HADLEY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

The preliminary history is, in brief, this.

The subject, I. P. D., was 39 years of age, of dark complexion, nervo-bilious temperament, thin and of medium height; but of strong muscular development, and of indomitable energy and perseverance, combined with much mental acumen. He followed the business of a druggist.

His attacks commenced at 8 years of age, and recurred at about four weeks' intervals, till he was 15, at which time he went into a drug store in a neighboring town. From this date, to the age of 23, he was entirely exempt from the attacks of the malady, when, having established himself in business at the West, his disorder reappeared, and he was compelled to give up his occupation and to return home, where he found employment, in a drug and dry goods store, according as his health permitted him to labor.

During this latter period, the disease was fitful. He would sometimes escape attacks for weeks or months, and then for days only. Nine years ago, he had an attack of high maniacal excitement, attended with the exultant conviction that the great and all-absorbing wish and hope of his life had been accomplished—that his malady had left him. This state continued for some two or three weeks,

when severe convulsions came on, and the system resumed its accustomed action. During this sickness he would sometimes tap upon the top of the head, with his thumb or fingers, and ask to have a hole bored through the cranium with a gimlet.

This attack was frequently simulated, although in a much less degree, at which times he would fancy that some radical change had been gone through with, the result of which was, cure. At such times he would have a great many of the sub-epileptic turns, consisting in momentary, or longer, loss of consciousness, unattended by general convulsions, and sometimes imperceptible to the inexperienced observer. At times, however, he would jump from his bed or chair, and pace the room rapidly, snapping his fingers, rubbing his head, and distorting his countenance with all kinds of grimaces; emitting, at the same time, an explosive kind of whistle, and giving utterance to exclamatory expressions; the whole conveying to the beholder an impression of a state of considerable suffering. This would occupy from one to three minutes, when consciousness would return, without any recollection on his part of what had happened. Another manifestation was that of sitting up in bed, and going through, in imagination, with the operations of measuring and folding up the bedclothes, and tying them up in bundles, as he had been accustomed to do, with goods, in his business. At other times he would declare he saw various objects in the room, which could have no place there. One variety of this state was, that he could see distant countries, and tell what was transpiring there with great clearness and satisfaction to himself. In fact, it seemed as if there could be no variety of imagination or circumstance, through which he did not pass. And yet this was usually but momentary, the mind in the intervals seeming natural, and he would in a few hours resume business with as much accuracy and activity as was usual with him.

The constant recurrence of these attacks, however, could not fail to have, finally, a debilitating effect upon the system. For the last two or three years he was evidently yielding slowly, in body and mind, and the great dread of his life, provided he did not get relief—ultimate insanity—bore heavily upon his spirits. Still he would not give up, but labored to the extent of his ability.

He was finally taken with one of his excited turns; had a rapid pulse with considerable heat of the skin, and a recurrence of the sub-epileptic attacks, which followed him several days, at intervals of from fifteen to thirty minutes; the high pulse and heat continuing. On Sunday morning he had eight convulsive attacks, one following another in rapid succession. There was then a respite till nine o'clock in the evening, when they returned and followed closely upon each other, till three o'clock of Tuesday morning. The intervals were from fifteen to thirty minutes during the whole period, there being merely time for the respiratory functions to resume their natural action, before another convulsion began. At the time specified, on Tuesday, the active convulsions ceased, the patient lying coma-

tose ; which state continued with slight, partial, convulsive movements, until eleven o'clock in the forenoon of Tuesday, when, quietly and without a struggle, he ceased to breathe.

The *post-mortem* examination was made thirty hours after death. From unavoidable circumstances, it was hurriedly done, and, so far as the head was concerned, by candle light, and without professional assistance.

Abdomen.—The stomach showed small congestive patches throughout ; otherwise it was natural. The liver was congested, but otherwise healthy. The spleen was greatly distended with very dark blood ; nothing further was discovered of an unusual character. The chest, from the limited time allowed, could not be opened. There was, however, no reason to suspect trouble there.

The brain was next examined. The cranium was of the usual thickness. There were no adhesions of the membranes to the bones, and, externally, nothing abnormal was discovered, further than an engorgement of the bloodvessels with very dark blood. On separating the two hemispheres, at about half way of the antero-posterior diameter of the brain, and a little more than an inch from the upper edge, was found a bony growth, lying between the layers of the *falx cerebri*. It had a half oval shape, and stood edgewise upon, or just above, the great commissure of the brain, with the oval surface impinging upon the left hemisphere, while the flat lateral surface lay somewhat imbedded in the right. There was no rupture of substance, but merely the mark of pressure. There were no special indications of irritation in the vicinity of the bone. Its size was as follows : *length*, an inch and one fourth ; *breadth*, at the centre, half an inch ; *thickness*, at the same point, one fourth of an inch. Its *weight* is sixteen grains, in a thoroughly dried state.

The origin and influence of this foreign body, can be a matter of conjecture only. I am inclined to the belief that its formation began at, or after, the time when the patient's convulsive attacks returned after their first subsidence ; and that it served to perpetuate, rather than to originate, the special form of disease existing.

It may be well to state, that at the time he was attacked by his last illness, he was just completing the taking of a box of fifty or one hundred (I forget which) one grain pills, composed of the extract of the Saint Ignatius bean, with gum Arabic enough to act as an absorbent to the mass. This bean contains, according to the Dispensatory, four times the amount of strychnine which the *nux vomica* yields. If the extract were made of the usual strength, the dose was enormously large, particularly when continued for so long a period. The medicine was taken on the recommendation of the benevolent clergyman, who has advertised so largely in the New York papers the fact of his possessing an infallible remedy for epilepsy, the knowledge of which he is willing to impart freely and without price to every sufferer ; and also the pills at one dollar per box, or the extract, through his druggist, who furnishes the only reliable article.

AMPUTATION AT THE SHOULDER-JOINT.

BY PEREZ F. DOGGETT, M.D., WAREHAM, MS.

[Communicated for the Boston Medical and Surgical Journal.]

SOME years since, and before anæsthetic agents were much in vogue, I was called to amputate the arm of D. H., of this place, aged 18, of healthy, robust constitution, who had accidentally caught his limb in the gearing of a rolling-mill. On my arrival, about three hours after the accident, I found the patient in bed, very pallid, with cold extremities, and a weak, irregular pulse, of 130 beats to the minute. On removing the covering from the right arm (the seat of the injury), nothing could be distinguished of its original form, but a completely lacerated and crushed mass, extending to the insertion of the deltoid muscle, and on the internal side nearly to the axilla, and leaving but little more than an eighth of the *os humeri* attached to the socket. Under such circumstances, it was obvious that the only chance for the life of the patient was the separation of the arm at the shoulder-joint. Being apprehensive that the additional shock of the amputation upon the enfeebled powers of the patient might prove overwhelming, it was highly important to choose that method of operation that would prove the most expeditious and successful.

From the nature of the injury to the surrounding soft parts, the method pursued by De la Fay seemed to be the most convenient and proper to adopt. Accordingly, the patient was raised in his bed, and supported in a sitting posture by a strong assistant. From the lacerated nature of the wound, he had lost comparatively little blood; but to remove radically, as far as possible, all danger of future hemorrhage, I directed an assistant to make the necessary compression of the subclavian artery, where it passes over the first rib, and another to raise the arm in a horizontal position. Then with a large-sized bistoury I made a semi-circular incision, with the convexity downwards, across the integuments of the deltoid muscle, about four fingers' breadth below the acromion, dissected it back to the joint, and, then, without detention from bleeding of the circumflex arteries (as their internal coats were retracted and their extremities very curiously twisted up), cut the tendons and capsular ligament, and disarticulated the bone. The extensive laceration upon the internal side of the arm now brought to view the axillary artery, distorted and retracted in the same manner as the circumflex; but deeming it hazardous to leave it in such a condition, it was drawn out and ligated firmly; then with the small amputating knife, at one sweep, the limb was separated from the body. Pressure being removed from the subclavian, the bloody serum sponged out, and no bleeding following, after a proper interval, the deltoid was brought down over the wound and secured with adhesive straps, a compress and bandage. The wound healed kindly, principally by first intention, and after the lapse of a few weeks the patient left his

room, and "went on his way rejoicing" that he had escaped with his life.

This case is reported, not to arrogate any intrinsic merit to the operator, but for the remarkable circumstance of the small loss of blood, and as an expression of opinion favorable to De la Fay's operation for simplicity and expedition; and because it is among the few operations of the kind, if not the first, that have been performed in Plymouth County.

November 10th, 1856.

CASES OF HYDROCELE OF THE TUNICA VAGINALIS TESTIS, AND ITS RADICAL CURE.

BY FERRIS JACOBS, M.D., OF DELHI, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—S. Palmer, aged 30, farmer, had hydrocele of one side. After discharging the fluid with a trocar, I found enlargement and induration of the epididymis, cause unknown. In a few weeks, the tunic moderately filled again; I proceeded to the operation for radical cure, Dr. C. R. Fitch assisting. I injected port wine and water, equal parts, filling the cavity. He retained the fluid injected ten minutes. Pain followed. In the course of a few weeks it partially filled again, and I very soon repeated the operation, with wine and water, two parts to one, successfully.

More experience has taught me to wait awhile in like cases after the injection, that the effused fluid may be removed by absorption. This I have found occasionally to be the case.

CASE II.—W. B. Wilbur, ~~et~~. 63, farmer, intemperate, had hydrocele on both sides. I discharged the serum from them, by the lancet, a pint from each side. Testes soft to the touch. I hesitated on account of this flabby and soft state of the testes. He had several times pushed the fluid through the rings into the peritoneal sac, by rolling the weight of his body upon them while in bed. The fluid at each succeeding time was found gradually to return to the vaginal sac again. I injected them fully with port wine and water, two parts to one, but not both at one time, successfully.

CASE III.—M. Middlemast, ~~et~~. 70, farmer, temperate, had hydrocele of one side. Serum discharged. Epididymis slightly enlarged and indurated. Two months afterwards, I injected wine and water, equal parts, or stronger. Pain considerable. He walked home four miles. Retained the injection a few minutes, and discharged it through the cauula. The operation was successful.

CASE IV.—J. M., ~~et~~. 32, lumberman, intemperate at times, had hydrocele. I discharged the serum; found the testicle sound. Injected tincture of iodine and water, equal parts. In a few weeks it filled again, and in six more it was all absorbed.

I have often used *sulphate of zinc* and *tincture of iodine and water*

with equal success. I am careful to avoid the operation when there appears to be any form of malignant disease of the testis; but I do not consider slight *enlargement* of the body of the *testicle* or *epididymis*, or induration of either of them, in moderate extent, an insuperable objection to the operation.

PLACENTA PRÆVIA WITH TWINS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having noticed the remarks of Dr. Storer, on a case of "placenta prævia" complicated with "plural birth," published in a recent number of the Journal, I thought the following case might perhaps have some interest for your readers. Whether similar cases are more or less frequent than the estimate of Dr. S., I cannot say; but in a pretty extensive obstetric practice of thirty years, I have met with but one case of such complication. Reasoning "*a priori*," I should expect the placenta to present more frequently, in proportion, in plural than in single births. The following case is from notes taken at the time.

Early on the morning of the 4th of July, 1851, I was called to see Mrs. M., residing in the village of Frankfort, about nine miles from my own house. On reaching the patient, who was under the charge of my friend, Dr. B.—, I found she had been flowing very profusely. She was very pale, the surface of the body covered with perspiration; the pulse soft and feeble; the abdomen very large, with anterior obliquity. Labor pains were slight, and the haemorrhage was, in a measure, arrested by the use of the tampon. On removing the tampon, and making an examination, I found the os uteri so high that it could not be reached without introducing the whole hand into the vagina. It was found that, by the obliquity of the uterus, the os was thrown backwards behind the promontory of the sacrum. It was but slightly open, but yielded readily to pressure, and was entirely covered by the placenta. Immediate delivery was recommended, and at the request of the attending physician, I proceeded to effect it. The left hand was introduced, the mouth of the uterus carefully dilated, the placenta separated on one side, and the hand passed up until it reached the bare membranes. These were ruptured with some difficulty; the hand was immediately passed onwards until one foot was reached. This was easily brought down, and the delivery of a small child was effected. After separating this child from the mother, I found there was another. The hand was again introduced, version again practised, and the second child delivered. There was some little delay in the delivery of the placenta, which was double and very large. The uterus contracted well; and though much exhausted, the patient recovered as favorably as under ordinary circumstances. In both children there was suspended animation; no pulsation of the cord or respiration, and only slight muscular motion. Both recovered;

one, however, died two or three days after birth. I saw Mrs. M. a few days since, for the first time since my former attendance, and she was then in good health.

C. B. COVENTRY.

Utica, N. Y., Dec. 11th, 1856.

RECTUM IMPACTED WITH CURRANTS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In a late conversation with my neighbor and friend, Dr. ——, on the notices of impacted rectum recently published in the medical journals, he related a case which had occurred in his own practice.

A boy, who had come from the city to rusticate, but who was ignorant as to some of the proprieties of the country, indulged himself to inordinate excess in eating currants. As a consequence, he became troubled with obstinate obstruction, and was unable to defæcate. The rectum had become impacted, and was so distended as to crowd on the urethra and prevent his voiding his urine. While thus disabled, a homœopathic practitioner was sent for; who, on reaching the house and learning the case, paused a while to search through his *Organon* for a remedy. Finding no similar case there to guide him, he was thrown on his own resources; and failing there, too, my friend Dr. —— was called, who immediately scooped out the mass of currants and set the boy urinating. *

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 27th.—*Ovarian Disease.* Dr. S. D. TOWNSEND reported the case. The patient, F. M. S., was single, aged 21 years, born in Maine, and entered the Hospital, Sept. 16th, 1856. She had been generally healthy until November, 1854, twenty-two months since, when she wet her feet during a menstrual period. This was followed the next day by pain in the right iliac region, aggravated on pressure, but unaccompanied by swelling. She kept at work all the time, though somewhat feverish for a day or two. Nothing abnormal was *felt* until March, 1855, four months after, when "an abdominal tumor was discovered, which at first occupied the pubic region only, but gradually extended itself in every direction, principally upwards to the right, so that it seems now adherent to the liver. It is also forcing its way into the pelvic cavity. The peritoneal cavity has been distended with serous fluid almost from the first. The patient was tapped in October last for the first time; twenty-two quarts were drawn off at that time, since which she has been able to go only eight or ten weeks without tapping."—(*Extract from Dr. E. S. Palmer's Letter.*) She had been tapped six times, and sixty quarts had been removed. The patient stated her general health to have been good. On examination of the abdomen, it was found distended with fluid, and measured in line of umbilicus 33 inches in

circumference. A firm tumor could be felt extending from near the umbilicus to the lower ribs, confined principally to the right of the median line, and being most prominent near the umbilicus, where also a circumscribed fluctuation, as of a cyst, could be detected. The tumor was movable, and seemed to have firm attachments above. The catainenia had not appeared since March.

Sept. 20th.—To-day an attempt was made to pass the uterine sound, but the os uteri could not be reached by the finger.

21th.—Patient having fully decided to undergo an operation, after a candid statement to her of the unfavorable nature of her case, and the improbability of a successful result, was etherized in her own room, carried into the operating-theatre (previously warmed to 77 deg.) and placed upon the table. An incision was then made from the umbilicus to the pubes, the dissection carried down to the peritoneal sac, and three basins full of fluid drawn off through a large canula. This fluid was of two distinct characters. That from the lower cyst, whose position will be mentioned hereafter, was the glairy, viscid, ovarian fluid; while the other was of a dark chocolate color. When the abdomen had been as completely evacuated as possible, the peritoneum was laid open the whole length of the previous incision, and the tumor exposed. The mass of the tumor was a solid ovarian growth. On its upper surface were two cysts; the one lying above the line of the umbilicus, and containing the dark fluid mentioned above; the other below, and to the right of the former, containing the true ovarian secretion. Adhesions were seen between the tumor and the abdominal parietes, and a manual examination revealed such an extent of adherent surface that it was considered out of the question to proceed to the removal of the growth. The wound was immediately brought together by sutures and adhesive plaster, the patient was put to bed in a room which had been previously warmed, and a broad swathe was applied to the abdomen.

Solut. morph. sulph. one drachm, was ordered every two hours, until she should be under its influence; the urine to be drawn off by the catheter, and no food to be taken except a little tea—cold, if possible.

At 8, P. M., complained that her bowels felt as if they had been torn. Nausea and vomiting, owing perhaps in part to the ether. Had taken morphia three times since the operation. Thirsty. No headache. Skin rather dry. Pulse 120. Midnight, had a paroxysm of pain; but while leeches were being applied to abdomen, pain abated, and she fell asleep.

26th.—Has had little nausea and no vomiting from half past 2 o'clock, A. M., yesterday, until 5 o'clock this morning, since which time it has been distressing. Some tympanitis of right side more than left. Head cool; extremities warm; tongue thickly coated; pulse 124. Iced soda-water for drink.

27th.—Nausea relieved. Desires a change in diet. May have beef-tea.

28th.—Nausea recurred last night, and while vomiting, she expelled a lumbricus, six inches in length.

Oct. 10th.—The abdomen was so much distended with fluid as to separate the lips of the wound two inches. *Paracentesis abdominis* was necessary, to prevent the abdomen bursting open. On introducing a long, curved trocar, the chocolate-colored fluid appeared. The canula not being sufficiently large to allow the fluid to escape, a short straight canula was introduced, which drew off the lighter, ovarian fluid only. Thirteen pints were removed, with much relief to the patient.

At evening visit she was found in a semi-comatose condition.

15th.—At morning visit the patient was moribund, and she died at half past eleven—twenty-two days after the operation.

Autopsy by Dr. ELLIS.

The edges of the skin had separated, but a layer of tissue continuous with the peritoneum covered the cyst. The latter adhered, though not very strongly, to the peritoneum, on the sides, and over the lower, anterior half, the uniting tissue in front being of a blackish color. In the right lumbar region, posteriorly, the attachment was very firm, and apparently formed by the thickened peritoneum, beneath which the mass had moved upwards, after separating the layers of the broad ligament. The intestines, with the exception of the descending colon, all lay above the tumor, the cæcum occupying the right hypochondrium. They adhered to the under surface of the liver and diaphragm. In the peritoneal cavity were two pints of pus, but a portion of this probably escaped from an opening in the cyst. On pressure, fluid flowed freely from the two openings made by the trochar.

The enlarged *right ovary*, when partially collapsed, was thirteen inches in diameter. It consisted of one large sac, into which three more or less solid tumors projected. This sac, the walls of which averaged about a line in thickness, contained a large quantity of thin, offensive pus. The inner surface was every where covered with patches of lymph. The smallest of the tumors projecting into it was about an inch and a half in diameter, and quite flat; the second, three and a half inches in diameter and an inch in thickness; the largest, eight inches in diameter, and between three and four in thickness. They were composed of numerous cysts, with vascular walls, and containing a white or yellow, gelatinous, honey-like, or albuminous material.

The *fallopian tube*, attached to the surface of the tumor, was eight inches in length. The *uterus* itself was five inches in length, and otherwise deformed by the traction upon the right superior angle. Its canal was continuous with that of the vagina, which was four inches and a half in length, and gradually narrowed until the os was reached, the lips of the latter having been almost obliterated. The appendages on the left side were not remarkable.

The head was not examined.

Near the apex of the *left lung* were several nodules of yellow, caseous, tuberculous matter, from a quarter to half an inch in diameter. Several masses of smaller size occupied the corresponding part of the right lung. The organs were in other respects normal.

The *right ureter* was an inch and a half in circumference, and the pelvis of the kidney considerably dilated. The other viscera were normal.

Dr. JACKSON remarked that the elongation of the uterus, as noticed in this case, he had observed in several instances; in one, this organ measuring seven inches in length.

Dr. GAY mentioned two cases of ovarian cyst, which he had treated successfully by tapping, and allowing the canula to remain. The first was that of a woman whom he had tapped two weeks since, the disease being of ten years duration. Ten days after, pus first began to escape. There was no sign of peritoneal inflammation. Owing to carelessness on the part of the nurse, the canula was found one morning entirely without the wound. It was immediately replaced, and there had since been a discharge of pus to the amount of a tablespoonful in a day. Dr. Gay saw no reason why the case should not go on favorably.

The second case was of four years' duration; the disease having been first noticed in the summer of 1851.

The patient, when first tapped, Dec. 23d, 1855, was almost moribund, and was not expected to live through the night. The operation was done to relieve the great dyspnoea; twenty-eight and a half pints of dark-colored fluid, like thick molasses, having been drawn off. The second tapping was on Feb. 2d, 1856. Twenty pints of coffee-colored liquid were drawn off, and the canula left in. The ovarian liquid flowed from the canula *two weeks*, when it became mixed with pus. The stopper was removed once in 24 hours. The greatest quantity of pus was a little over a pint in 24 hours. The discharge of pus ceased July 30th, 1856, when the canula was permanently removed.

October, 1856.—The contracted cyst can be felt in the right pubic region, like a piece of thick gristle, as large as half the hand. The patient's health good, but not so strong as before her sickness.

Dr. TOWNSEND remarked that he had tried this method without success.

Bibliographical Notices.

Handbook of Inorganic Chemistry, for the Use of Students. By WILLIAM GREGORY, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh, &c. *Fourth American edition, to which is added the Physics of Chemistry, by J. MILTON SANDERS, M.D., LL.D., Professor of Chemistry in the Eclectic Medical Institute of Cincinnati, &c.* New York: A. S. Barnes & Co., 1857. Svo. Pp. 426.

PROFESSOR GREGORY's manuals, both of organic and inorganic Chemistry, have been for some time before the public, and have been highly esteemed as excellent guides for the student in Chemistry. This is peculiarly true of the present work, which is one of the most clear and intelligible elementary treatises on the subject with which we are acquainted. We may refer in particular to the elementary parts, in which the descriptions of chemical combination, definite proportions, equivalent numbers, &c., convey in a few words very distinct ideas on those subjects, so often but imperfectly understood by the student.

The present edition of the work is enlarged by an elementary treatise on the Physics of Chemistry, including Light, Heat and Electricity. Under Light, a large space is devoted to the subject of Photography, which is treated both as a science and an art. A considerable portion of the chapter on Electricity is taken up with the therapeutic effects of that force. Dr. Sanders believes that mercury, lead and other metals may be extracted from the body by means of the galvanic current, and there is no end of the diseases which, according to him, may be cured by electricity. These are divided into "diseases in which the free electricity in the nerves should be increased," and those "in which the free electricity in the nerves should be decreased," the author observing that "the normal current circulating in the nerves should be increased when there is a deficiency of electricity in the system, and increased [diminished?] when there is excess. In health, there exists a certain quantity of the electric fluid in the nerves, which is increased or diminished in disease." We need scarcely say that these assumptions of Dr. Sanders are pure hypotheses, whose truth has not been demonstrated. The effects of electricity in the treatment of disease are often beneficial, but

the modus operandi of the agent is yet to be determined ; moreover, its powers in this respect are, we believe, much more limited than Dr. Sanders would have us suppose. The author, among other statements, says,—“ The application of a piece of metal to an open cancer, which is in connection with a voltaic battery, will produce, after a certain time, a congealed crust over the surface ; and, when this slough has separated, there will be a healthy sore. The fetid smell, the constant, severe pain, and the hardness, will be greatly relieved. By this means scirrhouss masses may be removed without loss of blood,” &c. Such a statement as this throws great doubt on the authority of the work.

We could wish that Dr. Sanders were more clear in his style. It is, indeed, difficult to condense so vast a subject as the physics of chemistry into a single volume without occasionally falling into obscurity of language ; but many of the explanations of the author are hardly intelligible. The style of Dr. Gregory contrasts most favorably, in this respect, with that of Dr. Sanders. Besides this want of perspicuity, we notice many expressions which, though of obvious meaning, are either ungrammatical, or such as are not sanctioned by good usage, together with several typographical errors. We hope to see these faults corrected in a future edition.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1856.

THE USE OF BELLADONNA AS A PROPHYLACTIC IN SCARLATINA.

THE prevalence of scarlatina for some weeks in this city, and the fatal character of the epidemic, have naturally excited alarm among the inhabitants, who of course are disposed to do all in their power to prevent the extension of its ravages. The oft-repeated assertion that the disease may be prevented by the employment of belladonna, in the same way that smallpox is prevented by vaccination, still maintains a strong hold upon the public mind, notwithstanding it has been ascertained beyond all doubt that the drug possesses no such prophylactic property ; and we doubt not there are few practitioners who have not been recently questioned by their patients on the subject. The idea of the value of belladonna as a preventive of scarlatina first occurred to Hahnemann, in 1799, and was published by him two years afterwards. The virtues of the drug, in this way, have been chiefly insisted on by homeopaths, but several regular physicians have thought they perceived its good effects, from experiments tried in schools, or where a number of persons subject to take the disease had come under their observation. Of these, the statement of Messrs. Taynton and Williams, practising at Bromley, Kent, Eng., may be cited. In one school, during an epidemic of scarlatina, 12 of the boys having been attacked, belladonna was administered to the others, upwards of 20, and only 6 or 7 took the disease. In another school of 9, one child died of the malignant form of the disease. The medicine was then given to the others, none of whom were attacked. Dr. Patrick Newbigging's experience in Edinburgh was similar, and there is much more testimony of a like character.

To one unaccustomed to weigh medical evidence, such facts as the above may seem conclusive that belladonna really possesses the invaluable pro-

perty of rendering those who take it insusceptible of taking scarlatina ; and such a person may naturally be astonished that physicians should ever neglect to recommend its employment for this purpose to their patients. But, in point of fact, these observations, and many others like them, only prove that a certain number of individuals who were exposed to the contagion of scarlatina took belladonna and escaped the disease. It by no means follows that they escaped *because* they took belladonna, for we know there is no disease, among those commonly considered contagious, which is so capricious in this respect as scarlatina. Every practitioner of experience can remember instances in which, out of many persons exposed to it, nearly if not quite all failed to contract the disease. In this respect scarlet fever differs widely from other contagious diseases, especially measles, smallpox and syphilis. Indeed, it is often communicated with such uncertainty that many physicians of large experience deny altogether that it *is* contagious. We do not wholly adopt this opinion ; we have seen instances which prove without doubt that it is sometimes contagious : but the cases which have come under our observation, where persons who have never had the disease have failed to contract it, after exposure, prove to our mind that it is by no means always so.

In order to ascertain whether a medicine is prophylactic against a contagious disease, we must first ascertain whether the subjects for experiment are capable of taking it ; in other words, whether they have ever had it. Next, the patients must be equally exposed to the source of contagion ; and lastly, the drug must be given to a certain number only of those so exposed. If under these circumstances the great majority of those who have taken the remedy escape the disease, while the majority of those who have not, become affected, we may conclude, provided the number experimented on be sufficiently large, that the drug is capable of protecting those to whom it was administered, from contagion. Now experiments have been frequently made to ascertain the prophylactic power of belladonna in scarlatina, the above precautions having been adopted, and the result has been that the drug has signally failed to protect those exposed to the disease. A German physician, Dr. Lehmann, after a series of carefully-conducted observations, came to this conclusion. In one instance, in a family of three boys, one took the disease. The others were separated from him, and took belladonna. Four months later, another was seized with the disease in a severe form ; he recovered, and then the third, who remained on this occasion in proximity with the patient, but at the same time took the belladonna regularly, contracted the disease on the tenth day, and fell a victim to it. In another case, in a family of five children, a boy of five years was first attacked with scarlet fever. To the other four, belladonna was immediately given. After eight days, a little girl was seized, and died in four days. The following day another girl took the fever and recovered ; another sister, of eleven years, was almost immediately afterwards affected, and died on the fourth day ; the eldest brother escaped. A boy of five years contracted scarlet fever, after having uninterruptedly, during several months, taken belladonna. He died on the fourth day. In a family of four children, the eldest became affected with scarlet fever. The remaining three were immediately put on the belladonna. Two of three, on the twenty-first day of the employment of the drug, became affected with the disease in a severer form than the first child who had taken no belladonna.—Mr. Benjamin Bell administered the belladonna to the boys in George Watson's Hospital, in the spring of 1851, during an epidemic of scarlatina ; but out of 54 boys, who had been taking

the drug for a month, there were 23 cases. "In Heriot's Hospital," writes Dr. Simpson, "my friend, Dr. Andrew Wood, placed half the boys in each ward, or sleeping division, on belladonna, and left the other half without any such protection. The disease did not spread much; but at least as many of those using the belladonna as of those not using it were attacked; and the only fatal case, out of 40 which occurred during that epidemic, was that of a boy who had been using belladonna in doses of one eighth of a grain twice a day for three weeks previously to his having been attacked.

These instances might be greatly multiplied were it necessary, but these are quite conclusive. No experience of a merely negative character can be regarded as of much weight when contrasted with positive evidence such as the above. We may add, that in some instances practitioners found that the children to whom the belladonna had been administered became more seriously affected, and died in much greater proportion than those for whom the drug was not prescribed. The efficiency of belladonna as a prophylactic against scarlet fever, has been fully tried and found wanting, and its employment for this purpose is useless, if not pernicious.

Those of our readers who are curious to ascertain more fully the facts on this subject, are referred to a most interesting paper, written with great fairness by Dr. W. B. Kesteven, in the British and Foreign Medico-Chirurgical Review, vol. xv. p. 77; and also to the Edinburgh Monthly Journal of the Medical Sciences, August, 1851.

EXTRA-UTERINE FŒTATION.

An old volume of "*The American Magazine*," a popular journal published quarterly in this city, more than a century ago, contains an account of a case of some interest, of tubular pregnancy, from which the patient recovered, and lived many years afterwards. The case is reported by Dr. NATHAN HALE, of Newbury, and was probably extracted from a journal of medicine. The subject of the case, Mrs. Elizabeth Low, was married Nov. 27, 1727, and bore her first child in October following. In the beginning of February, 1729, she conceived again, and fell in labor the last of October following, but could not be delivered. The pains ceased, and she continued very large until May, 1731, when her size became reduced, she said, in one night, while under treatment in Boston, a very hard tumor remaining. She maintained that there was no other sensible evacuation than a profuse and exceedingly fœtid perspiration. On April 12, 1732, she gave birth to another child, and in the following year became a widow. She was again married in November, 1736, and had five more children, the last having been born in March, 1745-6. A few days after her last confinement, symptoms of inflammation set in, and a discharge of matter took place from the umbilicus, and from an opening an eighth of an inch below it. The patient began to cough, and soon had all the signs of phthisis. The openings were enlarged in June, and the bones of an entire fetal skeleton, of full size, were removed at intervals. Mrs. Low continued to sink, and died July 12. A *post-mortem* examination showed that the right Fallopian tube was much distended, and had evidently contained the fœtus. The lungs presented the usual appearances of phthisis.

MEDICAL BOOK CLUBS.

UNDER efficient management these associations are exceedingly useful. We are somewhat surprised that they are not more in vogue amongst us. For five years there has been one, consisting of twenty members, in success-

ful operation in this city, and the choicest works, especially English ones, have been furnished to its members at the very moderate rate of two dollars each year. Whatever volumes have passed through the entire list of members, are sold at auction at the annual meeting, and the proceeds added to the subscription fund. In this way the means of purchase are constantly increasing. A judicious system of fines obviates undue detention of a volume, but for the most part we are glad to testify to the promptness of those who use the club books.

There might, we should suppose, be at least two or three more such clubs in Boston, with great resulting advantage to the profession. By restricting the number to ten, a more rapid circulation of books would be effected. There are many books which one may not care to buy, even if able to spend the money, which yet it is desirable to see; and when this may be effected by organizations maintained in a flourishing state at so trifling a cost, the wonder is that they are not more numerous. Booksellers also reap an advantage by the arrangement; for certainly more volumes are ordered for the supply of a club than would be called for by isolated persons. The experience of the selecting officer of the club becomes extended and valuable, and it is unlikely that any literary rubbish will encumber the tables of the members.

There is in this city a club for the circulation of medical journals also, in efficient working order and doing good service. We are likewise cognizant of an association here for distributing books upon topics of general literature; besides these there are, we believe, no others. The Boston Society for Medical Observation circulates several valuable medical periodicals among its members, but is not an exclusive journal club.

We would add that the "Boston Medical Book Club" is not restricted by its caterer to foreign diet, but whatever of native origin is worthy of being devoured, does not escape his critical eye and appropriating hand. The success of this association, and the real advantages attaching to the system, induce us to recommend the adoption of similar ones in every medical community.

SULPHATE OF COPPER IN CROUP.

THE prevalence of croup among us at the present time will cause the following letter to be read with interest.

MESSRS. EDITORS.—Among the reports of the discussions of the Suffolk District Medical Society in the number of your Journal for Nov. 27th, I find an article headed "Treatment of Croup," and am struck by observing, that in the discussion of the different means of the treatment of croup, especially that of angina membranosa, the sulphate of copper did not find one single advocate amongst the distinguished medical gentlemen engaged in the investigation of the matter. With most of us German physicians, cupri sulphas is considered the most efficient emetic in croup; the more so, for its almost instantaneous action. In my own practice, I have given it in a number of cases with decidedly good success, administering from two to three grains for the first dose, and following it up in one-grain doses as long as dyspnoea prevails. I never have known the slightest bad effect resulting from even large doses of this drug, having given it, up to twenty grains within twenty-four hours.

Presuming in no way to tell anything new, I simply state my experience, leaving it with you to use the communication as you may think best.

Yours respectfully,
Rindge, N. H. December 1st, 1853.

EDWARD SEYFFARTH, M.D.

Origin of the Boston Medical and Surgical Journal.—In an advertisement on the cover of our last week's issue, the reader may have noticed a brief history of this Journal, from its commencement in 1828. It will be perceived by it that Drs. Warren, Channing and Ware may be truly called the founders of the work, as not only their time and talents, but their pecuniary means, were devoted to it during the first year of its existence. Its success was then a matter of no little doubt; for the only weekly medical periodical which had preceded it in this country—the Medical Intelligencer—had already undergone several changes during its five years' publication, and was then far from being sufficiently established to ensure even its continuance. The latter was also of a different character from that which they intended for the new periodical—being, at the time of its union with the New England Quarterly, mainly designed by its editor, Dr. Coffin, for popular reading. The editors could therefore look upon their enterprise in no other light than as an experiment, and this they state it to be in their introductory notice. The single volume conducted by them, extending through one year, contains no reference to them as editors or proprietors, and it is therefore no more than an act of justice that the honor which belongs to them should, even at this late day, be publicly stated. The volume is filled with valuable, practical matter, and each weekly issue comprised a good variety, considering the limited sources then at hand to glean from. We may refer hereafter to some of the successors of these gentlemen.

Health of the City.—There is considerable diminution in the mortality from scarlatina, 14 deaths being reported, instead of 21 of the previous week. We understand, however, that during the early part of the present week, the disease has been more prevalent and more fatal than during any previous week in the season. We notice the unusual number of 6 deaths from "disease of the heart." Croup numbers 4 victims, against 6 of the corresponding week of last year, the total mortality of which (78) is almost exactly the same as that of the past week. Last year there were 7 deaths from pneumonia, 5 from measles, 4 from smallpox, and none from scarlatina.

Mortality of Providence, R. I.—A slip forwarded by the City Registrar of Providence, informs us that the number of deaths in that city during the month of November was 112, of whom 73 died in the city proper. The number of deaths from consumption was 18; from convulsions, 7; from typhoid fever, 6; from disease of the heart, 5. The number under one year of age was 12; between 20 and 30, 14.

Communications.—Case of Hon. Charles Sumner, by Dr. Perry, of Boston.—Case of Injury by lightning, from Dr. Brown, of Providence, R. I.

ERRATA.—In the last number, page 378, for "Cazanvielh" (line 1), and "Cazanveilh" (line 33), read *Cazanveilh*.

DIED.—In this city, 10th inst., Thomas Ivers Parker, M.D., in his 73d year.—In Newburyport, 13th inst., of disease of the heart, Dr. E. P. Grosvenor.

Deaths in Boston for the week ending Saturday noon, Dec. 13th, 77. Males, 40—females, 37. Inflammation of the bowels, 1—stoppage of the bowels, 3—indflammation of the brain, 1—congestion of the brain, 4—consumption, 17—croup, 4—diarrhoea, 1—dropsy in the head, 2—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhoid fever, 3—scarlet fever, 14—fluuenza, 1—disease of the heart, 6—intemperance, 1—indflammation of the lungs, 2—gangrene of the lungs, 1—disease of the liver, 1—old age, 1—palsy, 1—pleurisy, 1—syphilis, 1—teething, 3—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 20—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 52—Ireland, 21—other places, 4.

Large Ovarian Tumor.—On Friday, the 21st ult., we exhibited to the class of the Medical College of Ohio, an ovarian tumor removed on the 18th, by Dr. Dunlap, of Ripley, O., which we believe to be the largest ever extracted from the living subject. The solid tumor weighed 100 lbs.; and besides this, some five lbs. of fluid were lost in the operation. Dr. D. informed us that he heard from his patient on the 20th, and that she was doing well!—*Western Lancet* for Dec.

Female Physic thrives apace in America.—At Boston—where Columbia gave birth to the young Constitution, which is now sowing its wild oats broadcast—there is a Female Medical College numbering 38 students. A grant of government money has also been voted towards establishing a similar institution at New York. This is to be under the immediate superintendence of Elizabeth Blackwell, M.D., late of St. Bartholomew's, with a bevy of those spinsters mentioned by Shakespeare as “free maids, who weave their threads with bones” for anatomical demonstrators. At Boston, moreover, there are eight doctresses, with diplomas, in full practice. As it is just possible that the mothers of nice young men might object to an unmarried lady as family attendant, we suppose some of these female physicians are married. And this involves a great social mystery, of which we have as yet received no account. When the Mrs. M.D.'s are attending to flocks of patients in their boudoirs of consultation, or pointing out pathological nick-nacks in their anatomical drawing-rooms, or going their rounds with stethoscopes in their bonnets, what are their husbands doing? Do they superintend the perambulators, or are these hitched on to the professional broughams of the mammae? Is it a part of the husband's marital duty to manage the nursery—in short, to attend to the domestic affairs generally? Perhaps matrimony is ignored altogether. Indeed, we do not well see how a conscientious doctress could promise to love, honor and obey a husband, who might order her to give her patients a dose of strychnia all round. If this surmise be correct, there is a “sweetly pretty” and appropriate adaptation of our old professional device open to the young colleges: a pair of bracelets twined round the handle of a parasol, with the motto, “*Inupta tenet copula.*”—*London Lancet*.

New Use of Gutta Percha.—It has been found that by covering a part of the conductor of an ordinary electrical machine with a thin sheet of gutta percha, the sparks that may be drawn from the part thus covered greatly exceed in length those which can be obtained from the part uncovered. It appears that this effect depends upon the obstacle which the insulating sheet offers to the dispersion of electricity, which dispersion tends to take place from the asperities of the surface of the conductor, and which discharge it in part at a distance from this same conductor, whenever it is approached with a non-insulated conductor for drawing the sparks. It is proposed, therefore, to cover the whole conductor of the machine in this way, in order to protect it from the action of moist air.—*Memphis Medical Recorder*.

Large Family.—Mrs. Greenhill, a London matron of the last century, had thirty-nine children by one husband, all born alive and baptized, and all, save two, at single births. The last child was born after his father's death, and lived to be a surgeon, practising in Bloomsbury, and author of a work on “embalming.” In commemoration of this remarkable fertility the family took for their crest a gryphon with thirty-nine stars on its wings.—*Notes and Queries*.

Sea-Bathing.—Horne Tooke ridiculed the practice of sea-bathing, and said, if any of the seal species were sick, it would be as wise for a fish physician to order them to go on shore. Porson declared that salt baths were only reckoned healthy because persons had been known to survive them. But Sheridan's objection to salt water was the most quaint: “Pickles,” said he, “don't agree with me.”—*Virginia Medical Journal*.

North Carolina Journal of Medicine and Surgery.—We are in receipt of the “Prospectus” of a new journal bearing this title. It is to be “an adjunct of the Society (State Medical) in the advancement of Medical Science and the improvement of the Medical Profession.” The first number will appear in May or June next. The editor and place of publication are still to be selected by the State Medical Society. The subscription is \$3 per annum.—*New Orleans Med. News*.